

Individual/Family Agreement with Vendor

Name and Address of Individual/Sponsoring Person:

 (First Name) (Last Name)

 (Street) (City) (State) (Zip Code)

Name of person services will be provided to:

 (First Name) (Last Name)

Name of Case Manager:

 (First name) (last Name) (Phone Number)

Effective date of Agreement:

Name and Address of Agency:

 (Name) (Address) (City) (State)

Contact Person:

 (Name) (Phone Number)

Fiscal Intermediary:

Check appropriate box:

Negotiated Rate Agency with Choice Both

Type of support:

Hourly Rate of Pay: \$

Days/Hours of Work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Billing Method: Invoices sent directly to FI Invoices sent directly to family

Terms for Discontinuation of Service (can be negotiated up to a maximum of 30 days):

Agency With Choice

Role of the Individual in Selecting & Dismissing staff:

I agree to provide the services and supports identified in this agreement and to ensure staff, prior to working alone with individual, are provided standard training and specific training identified in the individual plan.

Agency Representative Signature: _____ Date: _____

Individual/Family Member _____ Date: _____